PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

maintenance fee notifica	ations,					arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
HOWSON & HOWSON LLP 501 OFFICE CENTER DRIVE SUITE 210 FORT WASHINGTON, PA 19034				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
FORT WASHI	NGTON, PA 19034					(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO,	
10/549,440 TITLE OF INVENTION WIRING	09/16/2005 N: COPPER ALLOY SP	UTTERING TARGET P.	Takeo Okabe ROCESS FOR PRODUCI		OGOSH39USA EMICONDUCTOR EI	5587 LEMENT	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/21/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
IP, SIKYIN		1793	148-433000	1			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON 			or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attolisted, no name will be THE PATENT (print or types).	up to 3 registered patent attorneys rnatively, single firm (having as a member a y or agent) and the names of up to attorneys or agents. If no name is ill be printed.			
(A) NAME OF ASSI NIPPON MIN	GNEE JING & META	LS CO., LTD	(B) RESIDENCE: (CITY) TOKYO	and STATE OR COUNT , JAPAN	RY)	up entity Government	
	are submitted: No small entity discount p	ermitted)	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-3040 (enclose an extra copy of this form).				
	tus (from status indicated is SMALL ENTITY statu		b. Applicant is no long				
NOTE: The Issue Fee an	d Publication Fee (if requestroords of the United Sta	rired) will not be accepted tes Patent and Trademark				e assignee or other party in	
Authorized Signature	11/20	h		Date MAY 13		, in the summer that the same life control of the same and the same an	
Typed or printed name WILLIAM BAK			Registration No. 37, 277				
Michalidita, Vilgilia 223	13-1430.					by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,	
onder the raperwork Re	adenon Act of 1993, no f	persons are required to res	spond to a collection of infe	ormanon untess it displays	a valid Olvid control	numoer.	